

HE RELAPSED...WHAT NOW?

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GETTING IT RIGHT THE FIRST TIME

A common saying from A.A. (Alcoholic's Anonymous) is "If nothing changes, then nothing changes." This is an important slogan for clients and families impacted by addiction to remember. Even if clients complete treatment or intensive counselling, they are not immune to having a relapse. A relapse occurs when individuals return back to former patterns of using their drugs and/or alcohol. If people do relapse after treatment, then this is an indication that they have more work to do on their recovery. There are two realities that both people with addictions and their loved ones will need to recognize.

Reality # 1: Addiction is a disease that is chronic, progressive, and persistent in nature. This means that individuals who attend treatment will not be "fixed" or cured. Instead, people with addictions can "arrest" or place their addiction into "remission" by not picking up their drugs and/or alcohol in the first place. The ability to not drink or use drugs requires an ongoing recovery program (continuing care) after the initial treatment. Individuals will maintain their recovery programs by attending 12 step meetings, counselling, obtaining a sponsor, or finding other healthy habits in order to maintain sobriety. Therefore people will have chemical addictions the rest of their lives and need continued support to not use mood-altering substances. Addictions do not just disappear over time.

Reality # 2: People in recovery may not be able to control the fact that they have addictions, but they have the responsibility to not pick up drugs or alcohol. A common A.A. saying is "one drink is too many and a thousand is never enough." Individuals with addictions will need support around maintaining sobriety. During the addiction, people have developed distorted thinking patterns or defences that do not necessarily go away after treatment. For example, people in early recovery may try to "bargain" with their addictions and

convince themselves that they do not have problems with mood-altering substances.

- "Cocaine was my real problem and I can return to smoking pot."
- "I wasn't a real alcoholic because I never drank as much as my friends."
- "Nobody cares about me so I may as well drink."
- "It is just easier to drink because this recovery takes too much hard work."

Therefore people in early recovery need a strong support network of individuals who can help them sort through these cognitive distortions or old thinking patterns. A.A. refers to this type of problematic thinking as "stinkin thinkin." As a result, the 12 step support network can be of tremendous help for people in early recovery who start to believe their old ways of thinking about their addictions.

People in early recovery may feel overwhelmed by reality # 1 (addiction is a disease that lasts a lifetime) and reality # 2 (people in recovery have to take responsibility for not using drugs/alcohol by using a support program to maintain sobriety). As a result, not all people who go through treatment or intensive counselling will achieve sobriety on the first try. In fact, Prochaska and DiClemente describe in their Stages of Change Model that only 2% - 4% of individuals will actually achieve sobriety the first time. The majority of people will have a slight setback in their recovery progress as they experiment with using drugs and/or alcohol once again. Treatment Centres do not often broadcast this information because they want to support clients in trying to get them to achieve sobriety right away and if this does not occur, then they will help clients to learn from setbacks as they encourage them to continue on the recovery journey.

USING DRUGS/ALCOHOL AFTER TREATMENT

Sunshine Coast Health Centre is an abstinent-

based program. As a result, clients are encouraged to not use mood-altering substances at all. After clients leave treatment, some may decide to experiment once again with their drug of choice. It is as if such clients are comparing the old lifestyle of using drugs/alcohol with their current lifestyle of recovery. The result of this experiment (which is not recommended by professionals) is what is called a “slip”, “lapse”, or “hiccup” in the recovery process. A slip is limited to a confined amount of time in which the individual returns back to the motivation to complete recovery. A relapse occurs when individuals actually return to former drug-using or drinking patterns and any motivation to return to a recovery lifestyle occurs weeks, months, or even years later. There are several points to remember if clients suffer from a slip:

- If an individual has a “slip”, this does not mean that they have forgotten everything they have learned in recovery.
- A person who has a slip does not necessarily hate their friends or family.
- The fact that a person has a slip does not mean that they had inadequate or substandard treatment/counselling for their addiction.
- A person who has a slip is not necessarily unmotivated and the slip or lapse may be the event they need to achieve even greater motivation for recovery.
- The family is not at fault for causing undue stress on an individual who has a slip.

When someone has a slip in recovery, this is an indication that they need intensified support. The recovery program that they have been following has not been enough post treatment support. After a slip individuals should be encouraged to:

- Attend more meetings or find a way to increase support
- Talk with their sponsor or counsellor to learn about why/how they had a slip. For example, this is now an opportunity for individuals to learn more about the cravings and emotional trigger around their addiction cycle. People in recovery need to be aware of why they had a slip in order to avoid future slips or possible relapse.

- Increase support by seeing an addictions doctor or specialist.
- Increase counselling support by having more sessions.
- Return to a portion of treatment to learn more about relapse.
- Attend a transitional living house as the integration from treatment to home may have been too fast.

The benefit of studying the slip is that people can gain a greater understanding of their addiction cycle. For example, many people who have a slip or even relapse will describe a type of emotional or mental relapse before the actual physical relapse (picking up and using the drugs/alcohol). During this mental or emotional relapse phase, people may start to have some “red flag warnings” that they ignored (i.e. losing interest in attending meetings, feeling like they had mastery over their addiction (complacency), feeling restless, increased agitation, etc.) Therefore, a slip can be a tremendous learning opportunity so that people do not return to their old patterns of using drugs and/or alcohol again.

SETTING BOUNDARIES

As a family member, you may feel very concerned that your loved one may relapse or has already done so. You may also ask what you should or should not be doing after someone you love has relapsed or had a slip? The main point to remember is that a slip may be a part of the recovery process, but this does not mean that you have to sit passively watching your loved one returning to drug and/or alcohol use post-treatment. The following points should be helpful to you during this potentially difficult time.

Slips need to be teachable moments

Individuals who have a slip in recovery need to learn from this experience. They must increase their level of support. Family members are not helping if they ignore the drug/alcohol use. After this initial use, individuals in recovery must create a plan to increase their support in recovery. In other words, they need to learn from this experience. If there is no response to the initial drug or alcohol use, then a slip will quickly become part of a relapse

and standard drinking or drugging will become as normal as it was prior to treatment.

Create an emergency back-up plan

When individuals leave treatment, they should discuss with their families what will occur in the event of a slip or relapse. This emergency back-up plan is similar to a fire safety plan in that at least there is a plan for worst case scenarios. For example, people often have a fire safety plan for how they will deal with the unlikely event of having a fire in their house. Similarly, families impacted by others' addictions need to discuss their plan if individuals return to drug or alcohol use. Such plans can include intensified support such as: "If you have a slip or relapse, then you will visit Dr. _____, attend a minimum of three meetings a day, and receive counselling with _____ etc."

Families will also need to set boundaries around slips/relapses by not tolerating the drug or alcohol use. If individuals do not intensify their level of support around the slip or in some cases relapse, then families will need to make a decision around what to do so that substance abuse is not normalized. With some families, this boundary will mean that the person who has returned to substance abuse must move out of the residence. Each family will need to decide their own boundary. The main point is that they are not being helpful if they quietly watch the person they love self-destruct with mood-altering substances once again.

Another consideration that families will have to examine is the amount of times that they are willing to fund treatment. If individuals develop patterns in which they achieve sobriety for only short periods of time and only after treatment, then families who subsidize these costs may develop financial pressures/strains. Again, this is a family decision based on people's unique circumstances. These decisions are difficult, but with knowledge individuals can be equipped to deal with the realities of their situations.

SETTING BOUNDARIES

When a person is drowning in the chaos of their addictions, all we can do is toss out life preservers. If we jump into this chaos, then we too will drown

as the person drags us down in the chaos of their activities. We do not have the power to get people to stop using their drugs and/or alcohol. Instead, we have the power of our reactions. Often with our reactions, people will be inspired to change. Some helpful reactions include:

- Leaving pamphlets out that include sources of support (life preservers) like the crisis line phone #, treatment centre phone number, information on recovery etc.
- Communicating the fact that you know that your loved one is capable of recovery and can have a good life. Send positive, reinforcing messages of hope.
- Take care of yourself and stop obsessing about the behaviours of another person.
- Set boundaries and do not let yourself be mistreated (i.e. "It is not okay for you to...")
- Do not tolerate drug or alcohol use around yourself.
- Attend Al-anon meetings and read Al-anon literature.

Remember that once individuals attend treatment, the fun or enjoyment around using mood-altering substances is often gone. Once they return to using drugs/alcohol the experience is never quite the same. Also your loved one has built the foundation for recovery and has not lost all their knowledge even though they are now drinking or using drugs. Sometimes people return to their old behaviours until they are truly ready to give up these patterns. Once they are done, then they will find their way back home to recovery. Some of these experiences will be painful for them, however, it is often with pain that people finally make changes. As a family member, you just need to be careful that you are not rescuing them from their pain by paying off their drug debts, tolerating drug-use in your home, or making it easier for them to not change. This may be one of your most challenging times in life, but it will be the most rewarding when your loved ones admit defeat and try again to live a life of recovery. Remember that there are hundreds of thousands of people with long periods of recovery (i.e. 20 + years) who share at meetings about how they did not achieve sobriety on the first try.